

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Christopher J. Lace M.D.

Mailing Address 12401 E 17th Ave Ste B113

City

Aurora

State

CO

Zip Code

80045-2548

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Colorado

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		0	6		2	0	1	5		

Transaction ID : C3087707

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. James J. Lamberg D.O.

Mailing Address 220 University Mnr E

City

Hershey

State

PA

Zip Code

17033-2827

FEC ID number of contributing
federal political committee.

C

Name of Employer

Penn State Hershey Medical Center

Occupation

Resident

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

375.03

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		0	1		2	0	1	5		

Transaction ID : C3085036

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

c. Bradley D. Lambrecht M.D.

Mailing Address 12719 S. 2nd Street

City

Jenks

State

OK

Zip Code

74037

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiologists

Occupation

Medical Doctor

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		2	9		2	0	1	5		

Transaction ID : C3107772

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

591.67

TOTAL This Period (last page this line number only)..... ►